

Congressional Liaison Unit - Inquiry Form

PLEASE PRINT AND COMPLETE IN ITS ENTIRETY LEGIBLY AND IN ENGLISH

Congressional Office: Rep Rubén Hinojosa

Telephone: (202) 225-2531; **Fax:** (202)225-5688

APPLICANT/PETITIONER INFORMATION

MUST BE COMPLETED

Last Name:	First Name:	Middle Name:
Alien #:	Receipt #: (WAC, LIN. . .)	Phone (H) #: Phone (C) #:
Beneficiary (if applicable):	Date & Place of Birth:	Date & Place of Entry:
Case #:	Class of Admission:	Email Address:

Current Mailing Address:

Current Immigrant Status (check one)

<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Asylee	<input type="checkbox"/> Refugee	<input type="checkbox"/> Undocumented
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Type of Application - Must be completed

<input type="checkbox"/> I -90 Replacement Alien Registration Card	<input type="checkbox"/> I-290B Notice of Appeal to AAU
<input type="checkbox"/> I-129 Petition for Non-Immigrant worker	<input type="checkbox"/> I-485 Adjustment of Status
<input type="checkbox"/> I -129F Petition for Alien Fiancé	<input type="checkbox"/> I-506 Change of Non-Immigrant Classification
<input type="checkbox"/> I-130 Immediate Relative Petition	<input type="checkbox"/> I-539 Application to Change Status or Extend Stay
<input type="checkbox"/> I-131 Travel Document, Advance Parole	<input type="checkbox"/> I-589 Request for Asylum in the U.S.
<input type="checkbox"/> I-140 Immigrant Petition for Foreign Worker	<input type="checkbox"/> I-765 Application for Employment Auth.
<input type="checkbox"/> I-212 Admission After Deportation or Removal	<input type="checkbox"/> N-400 Application for Naturalization
<input type="checkbox"/> N-565 Replacement for Nat Certification	<input type="checkbox"/> N-600 Certificate of Citizenship
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Date filed:

Have you been interviewed?

Yes

No

Date:

Outreach/Community Based Organization assisting you?

Name:

Telephone:

Rep. Diane Watson and her staff may discuss your case with the following individuals:

Name:

Relationship:

Phone:

Summary of Inquiry (Must be Completed)

Privacy Act Statement

Authority to collect this information is contained in Title 5 U.S.C. 552 and 552a. The purpose of the collection is to enable the D. H. S to locate applicable records and to respond to requests made under the Freedom of Information and Privacy Acts. I authorize the Congressional office name above to request information on my behalf. Also, I understand that I am not required to make payment in any form, for services rendered to me from the office of Congressman Rubén Hinojosa

Signature

Date